Arizona Child Welfare System Overview

Introduction

This document was developed with the intent to provide bidders of the Maricopa County RFP information about the Arizona Child Welfare System. The majority of the information was taken from the following sources:

- DES/DCYF Child Welfare Reporting Requirements Semi-Annual Report (Oct.1, 2002 – March 31, 2003)
- DES/DCYF Title IV-B Progress Report, June 30, 2002
- Health Care Reform Tracking Project: Promising Approaches for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care System
- Additional references are provided at the end of the document

This document contains information on the:

- Overall DES child welfare system and its purpose and function
- Federal requirements on CPS for children in foster care
- Statistical information on the number of CPS reports, number of children in out-of-home care, characteristics of children in out-of-home care, and characteristics of children exiting out-of-home care
- Background information on health, mental health and developmental vulnerability of children involved in the foster care system

Arizona Child Welfare System

Arizona's child welfare system is administered by the Department of Economic Security (DES). DES provides services to children and families, which include child protective services, family support and preservation services; foster care and kinship care services, adoption promotion and support services, independent living services, child welfare services, prevention and health care services.

DES provides specialized child welfare services that seek to prevent dependency, abuse and neglect of children. Some of these services are designed to stabilize a family in crisis, reduce risk factors that place children at risk of abuse and neglect and preserve the family unit. They provide an array of services that include intensive family services, high risk infant services, case management, parent aide and other in home support services to families.

The federal government requires DES to provide child safety, permanency and child and family well being. The child protective services program includes the receiving, screening and investigation of reports of alleged child abuse and neglect; assessment of child safety; assessment of whether children are at imminent risk of harm and evaluation of conditions that support or refute the alleged abuse or neglect and need for emergency intervention. In addition, the services to promote permanence, stability and continuity of care for children who enter out-of-home care are provided.

When children must enter out-of-home care, many services are provided to the family to facilitate reunification or other permanency goals. The DES is required to develop a written case plan, including all the required elements, for each child placed in foster care or out-of-home

care. The case plan documents the DES' effort to meet the child and family's needs. These needs include the behavioral health needs of the child and family. The DES case plan document includes up to seven components, encompassing all of the federal requirements, as follows:

- Permanency goal – setting the goal and expected date of achievement
- Family intervention plan – specify for all parents whose parental rights have not been terminated, and guardians, the outcomes they must achieve in order to care for their child safely and services that are aimed at facilitating achievement of the outcomes
- Child safety plan – specify steps that will be taken to ensure that the child's health and safety is of paramount concern
- Out-of-home care plan – specify the following for every child in out-of-home care; the child's educational and health status, special needs, placement type, services provided to the child or out-of-home care provider [including behavioral health services through the Arizona Department of Health Services (ADHS)/Regional Behavioral Health Authorities (RBHA) system], actions to assure safety in the out-of-home care and for any child placed substantially distant from the parent's home the reason the placement is in the best interest of the child
- Independent living plan – specify for every child age sixteen or older the outcomes that will help the youth develop independent living skills and services that will facilitate achievement of these outcomes
- Contact and visitation plan – specify for every child in out-of-home care the visitation between the child and the child's parents, siblings, family members, other relatives, friends and any former foster parents
- Indication of family and service team involvement in developing the case plan

The state is divided into six districts, District I (Phoenix and surrounding cities) and District II (Tucson) are the urban districts and Districts III through VI are the rural districts. Each District provides: investigation of child protective services reports, case management, in-home services (to families whose children have not been removed), out-of-home services (to families whose children have been removed and are in state custody), contracted support services, permanency planning, foster home recruitment and training, independent living services and adoptive home recruitment and certification.

Investigation of CPS reports

The following information was taken from S.B. 1229 Child Welfare Reporting Requirements Report (October 1, 2002 through March 31, 2003) which states that DES received a total of 17,470 reports of child abuse, neglect and abandonment. There were 144 reports within the jurisdiction of military or tribal governments , which were referred to those jurisdictions. DES investigated 14,634 reports and Family Builders contracted providers responded to the remaining 2,691 reports. The numbers of reports received by category of maltreatment:

- Neglect 10,299 (59%)
- Physical Abuse 5,745 (33%)
- Sexual Abuse 1,052 (6%)
- Emotional Abuse 374 (2%)

Maricopa County (District I) responded to 10,243 reports (58%) of the total number of reports statewide. The numbers of reports received by category of maltreatment:

- Neglect 6,050
- Physical Abuse 3,411

- Sexual Abuse 606
- Emotional Abuse 176

During this reporting period, 2,961 children were removed from their home for some period of time statewide. In Maricopa County, the total number of children removed from their home was 1,573 (52%) for some period of time.

Children in Out-Of-Home Care

On March 31, 2003, there were 6,826 children in out-of-home care. The number of children in out-of-home care by age:

- Under 1 year of age 468
- 1-5 years of age 1,966
- 6-9 years of age 1,119
- 10-12 years of age 827
- 13-17 years of age 2,209
- 18 and over 237

The number of children in out-of-home care by ethnicity:

- White 3,220 (47%)
- Hispanic 2,089 (31%)
- African American 899 (13%)
- American Indian 396 (6%)
- Asian 49 (1%)
- Other 173 (3%)

The number of children in out-of-home care by placement type:

- Relative 1,932
- Family Foster Care Home 2,433
- Group Home 1,163
- Residential Treatment 804
- Independent Living 166

The number of children in out-of-home care by length of time in care:

- 30 days or less 411 (6%)
- 31 days to 12 months 3,122 (46%)
- 13 to 24 months 1,324 (19%)
- More than 24 months 1,969 (29%)

Children exiting out-of-home care

During the reporting period, 2,275 children left the custody of DES. The number of children leaving custody for the following reasons:

- "Reunification with parents or primary caretaker" 1098
- "Living with other relatives" 185
- "Adoption" 398
- "Guardianship" 274
- "Reaching age of majority" 192

Background Information On Children Involved With The Foster Care System And Adoption Subsidy Program

The Adoption Subsidy Program subsidizes the adoption of special needs children who pose high financial risk to adoptive parents because of physical, mental or emotional disorders; or who, because of age, sibling relationship, and racial or ethnic background, would otherwise be difficult to place for adoption. Oftentimes the physical, mental or emotional disorders are as a direct result of the abuse or neglect the children suffered before entering the children welfare system.

Adequate and appropriate health, mental health and developmental services are vital to promoting the health of children in foster care. As with other vulnerable populations, a well-organized system of health services is critical to assure that the health and mental health needs of children in foster care are met. Multiple public agencies and their private providers are involved in meeting these children's health and mental health needs, similar to those those that serve other low-income and publicly-insured children. However, children in foster care and those in Adoption Subsidy Program represent a vulnerable subgroup of children served by ADHS and DES.

Foster Children Have Higher Mental Health Service Use

Children entering the foster care system are at risk for significant emotional and behavioral problems for several reasons. First, entry into the child welfare system is occasioned by family breakdown resulting from abuse, neglect or both. Second, children suffer disruptions in their relationships when they are separated from family, friends and teachers to enter foster care. Third, children who suffer the chronic stresses of living in poverty are over-represented in child welfare populations. In addition, since multiple foster care placements are common and the length of placement is often indeterminate, the foster care experience itself may actually exacerbate emotional and behavioral problems. Finally, the Federal Adoption Assistance and Child Welfare Act of 1980 mandate increased efforts to maintain children in their own homes. Consequently, many children entering foster care do so only after the failure of other services, and hence suffer more physical, developmental and psychological problems than their non-maltreated peers (Marsenich, L. 2002).

Foster children are clearly a population who demonstrate higher rates of psychopathologies than do children in the general population. They are disproportionately poor, lag behind in school and have suffered the pernicious effects of having lived in chaotic, often violent, family and community environments. Research reveals that mental health service utilization by children in foster care is high relative to other children and varies among foster care children depending on factors such as age, gender, ethnicity and type of placement. Predictors of higher mental health service use among foster care children include age (being older), gender (being male), placement in non-relative foster care and being removed from the home because of physical or sexual abuse (Marsenich, L. 2002).

Health, Mental Health And Developmental Vulnerability Of Children In Foster Care

Improving the well being of children in foster care is a multifaceted challenge given the complex nature and origin of the health, mental health and developmental vulnerability of children in foster care. Children in foster care are at risk for poor physical and mental health due to their experiences in what are often unsafe, impoverished and chaotic family situations (Schor, 1988, Szilagyi, 1988; Simms, 2000; Halfon et al., 1992). Moreover, children's health status can deteriorate in placements that are not well suited to serve their complex needs.

Coordination of care with the primary care provider is critical for foster care and adoption subsidy children. Children in foster care have higher rates of both physical and emotional problems including asthma, dental problems, learning problems and developmental delays. Approximately 60% of children in foster care have a chronic medical condition and 25 % have three or more chronic problems (Szilagyi, 1988; Halfon 1995). The most common chronic conditions are growth failure, asthma, anemia, and neurological problems (Simms, 2000; Szilagyi, 1998; Halfon, 1995). Between 40 and 60 % of youths in foster care have at least one psychiatric disorder (DosReis, 2001; Szilagyi, 1998). One study estimates that 70% of children in foster care demonstrate moderate to severe mental health problems and that fewer than 5% of children are without psychological symptoms (Swire and Kavaler, 1977).

Children in foster care utilize both inpatient and outpatient mental health services at a rate 15-20 times higher than the general pediatric population (DosReis, 2001; Takayama et al., 1994 Halfon et al., 1992). Multiple studies show that even though children in foster care utilize a high volume of health and mental health services, there continues to be an unmet need that would drive services volume even higher if met.

The incidence of mental health needs is higher than children in the community. According to Marsenich, the range of children entering foster care with significant mental health problems is anywhere from 35 to 85%. The incidence of emotional, behavioral and developmental problems among children in foster care is three to six times greater than in children in the community. Externalizing disorders such as disruptive behaviors, delinquency, hyperactivity and aggression are more common in foster children than internalizing disorders such as anxiety, fear, low self-esteem, sadness and depression. Post-traumatic stress disorders may also be more common in foster children than generally acknowledged and appears to effect children who have experienced diverse forms of abuse, not just those who were sexually abused.

Mental Health Problems Affect Placement Stability and Permanency Outcomes

Children with emotional and behavioral problems have a reduced likelihood of reunification and/or adoption and children with externalizing disorders have the lowest probability of exiting foster care. In addition, children with developmental delays, children 12 and over, and non-white children are the least likely to move out of the foster care system. Foster children have a relatively high incidence of behavior problems, academic delays and problems in peer relationships, which negatively affect their placements, options for permanency and their long-term social adjustments (Marsenich, L. 2002).

Once a child is removed, DES is responsible for the reunification of the child with his family or for finding permanency for the child placed in foster care. There are specific timeframes the DES has to accomplish reunification or permanency for each child in foster care. The timeliness of the services provided to the child and the expertise of the providers is critical to DES fulfilling its responsibility in reunification or permanency goals.

Children in foster care represent a subgroup of children served by ADHS and DES. Both departments have agreed that they have a special responsibility to this population. Each provides services that are crucial to the stability of placements and contribute to the overall permanency outcomes of foster children and adoption subsidy children.

Additional Resource Websites

DES – www.de.state.az.us

California Institute for Mental Health – http://www.cimh.org/

Cathie Wright Technical Assistance Center Project Directory– http://www.cimh.org

Child Welfare League of America – http://cwla.org/

National Resource Center for Information Technology in Child Welfare – http://www.nrcitcw.org/